

## APPLICATION DATA SHEET

### **Application Information**

Application Type:: Continuation-in-Part  
Title:: INSTRUMENT FOR ELECTROSURGICAL  
TISSUE TREATMENT  
Attorney Docket Number:: A-21-1  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: NO

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Paul  
Middle Name:: O.  
Family Name:: Davison  
Name Suffix::  
City of Residence:: Montara  
Country of Residence:: USA  
Street of mailing address:: 560 5<sup>TH</sup> Street  
City of mailing address:: Montara  
State or Province of  
mailing address:: California  
Country of mailing address:: USA  
Postal or Zip Code of  
mailing address:: 94037

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Jean  
Middle Name::  
Family Name:: Woloszko  
Name Suffix::  
City of Residence:: Mountain View  
Country of Residence:: USA  
Street of mailing address:: 1694 Columbia Drive  
City of mailing address:: Mountain View  
State or Province of mailing address:: California  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94040

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Tom  
Middle Name::  
Family Name:: Jenkins  
City of Residence:: Oakland  
Country of Residence:: USA  
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City of mailing address:: Oakland  
State or Province of mailing address:: California  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94619

### **Correspondence Information**

Correspondence Customer Number:: 021394  
Name:: ArthroCare Corporation  
Street of mailing address:: 680 Vaqueros Avenue  
City of mailing address:: Sunnyvale  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94085-3523  
Phone number:: (408) 736-0224  
Fax Number:: (408) 530-9143  
E-Mail address:: jraffle@arthrocare.com

### **Representative Information**

Representative Customer Number:: 021394

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/187,733	June 27, 2002

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
PCT	PCT/US03/20574	6/27/03	Yes

### **Assignee Information**

Assignee name:: ArthroCare Corporation  
Street of mailing address:: 680 Vaqueros Avenue  
City of mailing address:: Sunnyvale  
State or Province of mailing address:: California  
Postal or Zip Code of mailing address:: 94085-3523